740 42A740 Revenue Cabinet

KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only

GC	HIG	HER KY		other taxab	-	eginnir	ng	, 20	03, and endi	ing _	, 2	200		20 (03	
			's Social :	Security Numbe		Δ			В.			В. \	our Soc	cial Secur	ity Numb	er
						⋖ s∣	Spouse's		Yours		>					
	į	Name—Last, Fir	st, Middle	e Initial (Joint or d	combined	l retur	n, give b	oth na	mes and ini	itial	s.)					
>																
L	i	Mailing Address	(Number	r and Street Inclu	ding Apa	rtmen	t Numbe	r or P.	O. Box)							
A B										Т						
E		City, Town or Po	net Office							÷	Stat	-	-	ZIP Code		
L		,									Jia			II Gode		
>										_						
		FILING STATU	JS (see in	estructions)								POL	ITICAL F	PARTY FU	IND	
1	1 Single										Designating \$2 will not change your refund or tax					
2	H	_	Married, filing separately on this combined return. (If both had income.)								Democ	ratio	A. S _I	oouse	B. You (4)	ırselt
3 4	, 3,				enouea'	ouse's Social Security number above					Republ		(2)	H	(5)	H
7				e returns. Litter	•			-			No Des	ignation			(6)	
CREDI	ITS			Check Regular			if 65 or 6			th if	blind					
5 (a) Cre	dits for yourse	f:									5	Enter n	umber of		
,	,	Credits for spouse:											boxes	checked		L
		t names of you							6	Enter n childre	umber of		Г			
		(b) (c) name and relationship of other dependents.				(d)					_				\vdash	
,	ot man	TIC AITA TOTALION							7		umber of lents listed					
re	eturn (Filing Status 2),	divide th	imed on lines 5, ne amount on line	e 8 and e	enter ii	n Boxes i	A and	B. All other	r file	ers enter	8	Enter to	otal credits	3	
Eá	ach ta	xpayer must cla	im his or	her own credits i	from line	5. Cre	edits fron	ı lines	6 and 7 ma	ay b	e divided	. A .			B.	
ADJU	DJUSTED GROSS INCOME				A.	A. Spouse (Use if Filing Status 2 is Dollars					checked.) Cents	, i			(or Joint)) C €
		mount from fed		m 1040, Z, line 4	9	Т	ŢŢŢ	Ţ			00		TT			0
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				ie 7 1		+		H	+++	_	0 0		†		++1.	0
11 A	dd lin	es 9 and 10		1	1	+		┝╪	+++	: H			+			_
		ctions from Sch		, line 17 1	2	+		-	+	1 H	0 0					0
Ke (If	entucl f total	ky Adjusted Gro	oss Incom and B is S	ne	3	_	<u> </u>			- L	00		<u> </u>		Ш.	0
		NCOME		<u></u>	_											
14 It e	emize	rs: Enter itemize														
		xy Schedule A. N n Columns A ar		zers: Enter 1	4		ļ				0 0		1			0
15 Šı	úbtrac	t line 14 from l	ine 13. T					Ţ			00		\Box		П.	0
ΓΑΧ																
16 Er		x from Tax Tal								Ę	\cap					Ω
Cł	heck i	f from Schedul	e TC	1	6			<u></u>		- L	00	-	+			0
4 - 7 A	-1-1-1	om ount(o) != 1	20 Lumes	A and D line 16								7	I I	1 1 1		10

TAX	Dollars Cent	S		
18 Enter amount from line 17	00)		
19 Multiply line 18 by the low income tax credit decimal amount (%) and enter here . 19	. 00)		
20 Subtract line 19 from line 18	. 00)		
21 Enter Child and Dependent Care Credit from federal Form 2441, line 9 > x 20% (.20)	. 00)		
22 Income Tax Liability. Subtract line 21 from line 20. If line 21 exceeds line 20, enter zero	. 00)		
23 Enter KENTUCKY USE TAX from worksheet in the instructions > 23	. 00)		
24 Add lines 22 and 23. This is your Total Tax Liability)		
25 (a) Enter Kentucky income tax withheld as shown on attached 2003 wage				
and tax statements				
payments 25(b)				
26 Add lines 25(a) and 25(b)	. 00)		
27 If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions))		
See instructions for a detailed description of funds. (Enter amount(s) checked)				
28 Nature and Wildlife Fund Contribution \$2 \$\Bigsim \\$5 \$\Bigsim \\$10 \$\Bigsim \\$Other				
29 Child Victims' Trust Fund Contribution				
30 Bluegrass State Games and U.S. Olympic Committee Fund Contribution 30				
31 Veterans' Program Trust Fund Contribution				
32 Add lines 28 through 31	.00)		
33 Amount of line 27 to be CREDITED to your 2004 ESTIMATED TAX	. 00	O		
34 Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU	. 00	5		
	-			
TAX PAYMENT SUMMARY	.00	1		
35 If line 24 is larger than line 26, enter ADDITIONAL TAX DUE	. 01			
penalty penalty				
Check if Form 2210-K attached (d) Late filing penalty				
(e) Add lines 36(a) through 36(d). (b) Interest Sheet	. 00)		
37 Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE)		
Make check payable to Kentucky State Treasurer . Write your Social Security number and "KY Income				
Tax-2003" on the check. Place on top of wage and tax statements on page 1.				
Attach a complete copy of federal Form 1040 if you received	Vec. No.			
farm, business, or rental income or loss. If you are not required to attach a copy of your federal return, Do you wish to receive a p	Yes No			
check here				
I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompany of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly this return.	file a combined return under the provisions	of		
		٦		
Your Signature (If joint or combined return, both must sign.) Spouse's Signature Date Signed		_		
Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date	Telephone Number (daytime)			
42A7400323 Mail to: REFUNDS Kentucky Revenue Cabinet, Frank	fort, KY 40618-0006.			

PAYM ENTS

Kentucky Revenue Cabinet, Frankfort, KY 40619-0008.